



# Los Angeles County Commission for Women



## APPLICATION FOR DONATION

### The Mission

The Los Angeles County Commission for Women seeks to represent the interest and concerns of women of all races, ethnic and social backgrounds, religious convictions, sexual orientation and social circumstances.

The Commission is mandated to:

Advise the Board of Supervisors, County departments and agencies on needs of women and matters relating to discrimination and prejudice on account of sex, marital status and sexual orientation.

- Recommend programs or legislation to promote and ensure equal rights and opportunities for women.
- Research and Investigate conditions which allegedly discriminate against women and disseminate results of investigations.
- Provide a coordinating function for County departments, community groups and organizations concerned with women's rights.

***All requests for funds shall allow the LACCW 60 days prior to propose date needed for funds to make a determination. The requesting organization must provide the following information before consideration of a request.***

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
FAX Number

\_\_\_\_\_  
Website Address

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Title

\_\_\_\_\_  
Cell (optional)

\_\_\_\_\_  
E-mail

Organizational Identification

(Non-profit status/tax I.D. number): \_\_\_\_\_

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Mission of Organization (Purpose and Goals):

History of Organization and Time of Existence:

Listing of Board of Directors:

Event Information – Date/Time, Location and Target Number of Attendees:

Date/Time: \_\_\_\_\_

Location: \_\_\_\_\_

Target Number of Attendees: \_\_\_\_\_

Event Information – Purpose and Goals:

\* Event publicity materials may be included (optional)

In what Los Angeles County District will this event take place? First District  
(Please enter the district number)

In what Los Angeles County District does your organization belong to?  
(Please enter the district number)

Our office headquarters is located in the First District;  
however, we service all five districts in LA County.

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Constituency served within Los Angeles County (age, gender, ethnicity, income level, geographical region, etc.):

SEE ATTACHMENT

Specific Request (i.e. monetary contribution, use of LACCW's name or logo, access to mailing resources, and/or staff assistance)

SEE ATTACHMENT

How will this donation benefit the organization?

SEE ATTACHMENT

Have you received donation funds from LACCW before? If yes, please specify the event, time, and amount of donation. If more than once, please specify the two most recent occasions.

No ( \_\_\_\_ ), this is the first time we received donation from LACCW.

Yes ( \_\_\_\_ ), we have received donation(s) from LACCW previously.

First Occasion:

Name of the Event \_\_\_\_\_

Date of the Event: \_\_\_\_\_

Donation Amount: \_\_\_\_\_

Second Occasion:

Name of the Event \_\_\_\_\_

Date of the Event: \_\_\_\_\_

Donation Amount: \_\_\_\_\_

**Please send this form to:**  
**Los Angeles County Commission for Women**  
**500 W. Temple Street, Rm. B-50, Los Angeles, CA 90012**  
**PH: 213-974-1455**  
**FAX: 213-633-5102**  
**www.laccw@bos.lacounty.gov**

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**For CW Office Only:**

_____	_____	_____	_____
Date Received	Received By	Date of Review	Reviewed By

(Yes\_\_\_\_) (No\_\_\_\_)

Place on Agenda: \_\_\_\_\_

Reason for not placing on agenda \_\_\_\_\_

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_____	(Yes____) (No____)	(Yes____) (No____)	_____
Date of CW Board Meeting	Action Taken	Notification Sent	Amount Approved

Reason for Rejection

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## ATTACHMENT

Office of Women's Health, Los Angeles County Department of Public Health

Application for Donation: November 30, 2015

### **Event Information – Purpose and Goals**

The Office of Women's Health, in collaboration with the Los Angeles Alliance for Community Health and Aging, will convene key stakeholders from county agencies, nonprofit organizations, and community-based organizations to discuss "Healthy Aging: Preparing Our Communities for Change." The proposed date of this half-day event is April 25, 2016.

The purpose of this event is to bring together community leaders to engage in dialogue and provide attendees with ideas, best practices, and resources to take back to their communities.

In LA County, the population age 50 and older is expected to increase 27% by 2020, while those age 65 and older will grow by 43%. In addition to growing older, people are living longer. But not all in LA County are aging gracefully or well. Many are living with multiple chronic conditions; in general, women live 5 years longer than men in LA County, which means they will live with their chronic conditions (often debilitating) for a longer period of time.

This event will include discussions on what effect the "Silver Tsunami" will have on our health care system and communities, explore what we can do to prepare for this sea change—how to reengineer our processes to promote culturally appropriate optimal physical health and mental health for the older population, discuss what resources are available in the community, and touch on how agencies can collaborate to improve the health of Angelenos using evidence-based health promotion programs. The focus will be on the low-income and uninsured, especially women who are often the head of the household in LA County, who live longer than men, who more often take on the role as caregivers, and who suffer from higher rates of dementia, Alzheimer's disease, and depression than men.

The events goals will be to inform key stakeholders on individual, community, and policy levels and stimulate discussions about how to establish new directions in thinking and create change that improves the quality of life for our aging population in LA County, especially for the low income and uninsured.

### **Constituency served within LA County (age, gender, ethnicity, income level, geographical region, etc.):**

The Office of Women's Health serves women in LA County of all ethnicities and income levels, with a focus on the uninsured and low income.

**Specific Request (i.e., monetary contribution, use of LACCW's name or logo, access to mailing resources, and/or staff assistance):** The Office of Women's Health is requesting a monetary donation of \$2,000. In addition, we would like to use LACCW's name and logo on program materials and handouts of conference highlights. We will also make an announcement at the event to acknowledge LACCW's support.

**How will this donation benefit the organization:** This donation will benefit the Office of Women's Health by allowing us to stage this half-day conference to educate key community stakeholders about the growing number of older adults in LA County and discuss how systems need to adapt to accommodate the changing needs of this population. Addressing these issues, which affect so many women in LA County, can help identify gaps in programs and policies, create potential solutions, and improve health in LA County.